

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-006155**

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 351

**FILED MAR 13 1962**

|                                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                      |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>                                                                                                                                                                                                                                                    |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>                           |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield,</u>                                                                                                                                                                                                        |                                  | c. CITY OR TOWN <u>Almartha</u>                                                                                                                                      |                                     |
| Length of stay in lb <u>5 days</u>                                                                                                                                                                                                                                                              |                                  | Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                        |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. John</u>                                                                                                                                                                                                  |                                  | d. STREET ADDRESS (If outside, give location)<br><u>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></u>                                          |                                     |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Ocie C.</u> Middle <u>Coonce</u> Last <u></u>                                                                                                                                                                                                |                                  | 4. DATE OF DEATH<br>Month <u>Mar.</u> Day <u>1,</u> Year <u>1962</u>                                                                                                 |                                     |
| 5. SEX<br><u>Male</u>                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>10-20-94</u> |
| 9. AGE (last birthday)<br><u>67</u>                                                                                                                                                                                                                                                             |                                  | IF UNDER 1 YEAR<br>Months <u></u> Days <u></u>                                                                                                                       |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Agent for Crisp Stove Co.</u>                                                                                                                                                                 |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Gainesville, Mo.</u>                                                                                                         |                                     |
| 11. BIRTHPLACE (City and state or country)<br><u>USA</u>                                                                                                                                                                                                                                        |                                  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>                                                                                                                            |                                     |
| 13a. FATHER'S NAME<br><u>John Coonce</u>                                                                                                                                                                                                                                                        |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Bell McClendon</u>                                                                                                                   |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><u>Gladys Coonce</u>                                                                                                                                                                                                                                             |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of serv)<br><u>No</u>                                                |                                     |
| 16. SOCIAL SECURITY NO.<br><u>2</u>                                                                                                                                                                                                                                                             |                                  | 17. INFORMANT<br><u>Gladys Coonce, Almartha, Mo.</u>                                                                                                                 |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Acute tubular swelling</u><br>DUE TO (b) <u></u><br>DUE TO (c) <u></u> |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><u>42</u>                                                                                                                        |                                     |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Pneumonitis</u>                                                                                                                                         |                                  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                     |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                               |                                  | 20a. ACCIDENT, SUICIDE, HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                       |                                     |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u></u>                                                                                                                                                                                         |                                  | 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>                                                                               |                                     |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                          |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u></u>                                                                  |                                     |
| 20f. CITY, TOWN, OR LOCATION<br><u>2/28/62</u> to <u>3/1/62</u> and last saw her him alive on <u>2/28/62</u>                                                                                                                                                                                    |                                  | 20g. COUNTY <u></u> STATE <u></u>                                                                                                                                    |                                     |
| 21. I attended the deceased from <u>2:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                            |                                  | 22a. SIGNATURE (Degree or title)<br><u>Officer E. Melton</u>                                                                                                         |                                     |
| 22b. ADDRESS<br><u>609 Cherry Springfield Mo</u>                                                                                                                                                                                                                                                |                                  | 22c. DATE SIGNED<br><u>3/4/62</u>                                                                                                                                    |                                     |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                                      |                                  | 23b. DATE<br><u>3-4-62</u>                                                                                                                                           |                                     |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Grove</u>                                                                                                                                                                                                                                          |                                  | 23d. LOCATION (City, town, or county)<br><u>Wasola, Missouri</u>                                                                                                     |                                     |
| 24. FUNERAL DIRECTOR<br><u>Clinkingbeard Funeral Home, Ava, Mo.</u>                                                                                                                                                                                                                             |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>3-6-62</u>                                                                                                                        |                                     |
| 26. REGISTRAR'S SIGNATURE<br><u>Officer E. Melton</u>                                                                                                                                                                                                                                           |                                  |                                                                                                                                                                      |                                     |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Paulin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.